

## **Application Data Sheet**

### **Application Information**

Application number::	TO BE FILED
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	No
Title::	EXPANDABLE INTRACARDIAC RETURN ELECTRODE AND METHOD OF USE
Attorney Docket Number::	102863-0016
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	India
Status::	Full Capacity
Given Name::	Rajesh
Family Name::	Pendekanti
City of Residence::	Bridgewater
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	448 Vanderveer Road
City of mailing address::	Bridgewater
State or Province of mailing address::	NJ
Country of mailing address::	US
Postal or Zip Code of mailing address::	08807

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Parris S.  
Family Name:: Wellman  
City of Residence:: Hillsborough  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 61-3A Taurus Drive  
City of mailing address:: Hillsborough  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 08844

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: China  
Status:: Full Capacity  
Given Name:: Jia Hua  
Family Name:: Xiao  
City of Residence:: Bridgewater  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 753 Byrd Avenue  
City of mailing address:: Bridgewater  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 08807

**Correspondence Information**

Correspondence Customer Number:: 021125  
Phone number:: (617) 439-2766

Fax number:: (617) 310-9766  
E-Mail address:: ljm@Nutter.com

**Representative Information**

Representative Customer Number:: 021125

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation in part of	09/966,765	September 28, 2001

**Assignee Information**

Assignee name:: ETHICON, INC.  
Street of mailing address:: Route 22 West  
City of mailing address:: Somerville  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 08876

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